PEST AVAILABLE COPY												
							Application or Docket Number					
-	PATENT A	RD 09/495400										
Effective December 29, 1999 09/485408												
		CLAIMS	S AS FILED -	CN/	11.8	ENTITY		OTHER	TUAN			
(Column 1) (Column 2)							PE		OR	SMALL		
FC	R	NU	MBER FILED	NUMBER	NUMBER EXTRA		E	FEE	1	RATE	FEE	
	SIC FEE		N. M. C.				ATT 66	345.00		- CONTRACTOR -	600.00	
- S	SIG FEE						e.	33.00	OR	346	200.00	
TO	TAL CLAIMS		/ minus 2	50= .		X\$	9=	l	OR	X\$18=		
IND	EPENDENT CL	AIMS	minus	minus 3 = *		X39)=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+13	0=		OR	+260=		
If the difference in column, I is less than zero, enter of in column 2						TOT		 	1		0770	
Therton new claims are all ed.							AL		OR	TOTAL	840	
CLAIMS AS AMENDED - PART II						CILL				OTHER SMALL		
(Column 1) (Column 2) (Column 3)						288		ENTITY	OR	SMALL		
AMENDMENT A		REMAINE	NG PROPERTY.	NUMBER	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
		AFTER AMENDME		PREVIOUSLY PAID FOR	EXTRA	- 100		FEE			FEE	
	Total	• / }	Minus	- 20	• /	X\$ 9	9=		OR	X\$18=		
NE E	Independent	• 3	. Minus	 3	-/	X39) =		OR	X78=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
1	Hamilton .				+13			OR	+260=			
•	1-10-03					ADDIT.	PTAL FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								-	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIME		HIGHEST ·	PRESENT			ADDI-			ADDI-	
		AFTER		PREVIOUSLY	EXTRA	RATE	TIONAL		RATE	TIONAL		
		AMENOME		PAID FOR	175	-		FEE			FEE	
2	Total	• /	Minus	- 20		X\$ 9) =		OR	X\$18=		
ME	Independent	• /	Minus	 3	=()	Х39	Ξ		OR	X78=		
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							1	0.1			
						+130) - /		OR	+260=		
							TAL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)												
		CLAIMS	5	HIGHEST				ADDI-			ADDI-	
j		REMAIN!	1.00	NUMBER PREVIOUSLY	PRESENT EXTRA	PAT	E	TIONAL		RATE	TIONAL	
E E		AMENDME		PAID FOR		<u> </u>	_	FEE			FEE	
AMENDMENT C	Total	•	Minus	**	3	X\$ 9)= •		OR	X\$18≔		
M	Independent	•	Minus	***	<u> </u>	X39	•		OR	X78=		
_	FIRST PRESE	NTATION C	OF MULTIPLE DE	PENDENT CLAIM					UK			
		+130)= =		OR	+260=						
1	if the entry in colu	mn 1 is iess ti mber Previou	han the entry in colu	imn 2, write "O" in co S SPACE is less tha	stumn 3. en 20. enter "20."		TAL		OR	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
•	ine Highest Nun	nder Previous	ny rais for (1918) ¢	r incependent) is the	a uiðvest unwes	HOURS IN U	ю ар	propriate do	X 117 CO	HUTER 1.		